

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94 a
CB

03899

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Dorchester

Secretary

City or town..... (If outside city or town limits, write RURAL and give nearest town)

1 day

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

at Webster's Wharf

How long in hospital or institution?.....

3. (a) FULL NAME

Louis Abey

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

Married
Janice Abey

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

1909

8. AGE:

Years
39

Months

Days

If less than one day

hrs. min.

9. Birthplace

Dorchester

(Town, county, and state)

10. Usual occupation

Truck Driver

11. Industry or business

Hauling Produce

12. Name

Samuel Abey

13. Birthplace

Dorchester

14. Maiden name

Bertha Lippman

15. Birthplace

Dorchester

16. Informant

Samuel Abey

Address

Secretary

17. Burial

Cemetery

Cemetery

Location

East New Market

Address

East New Market

18. Funeral director

Elizabith C. Smith

Address

Cambridge, Md.

19. (Date rec'd by registrar)

April 25, 1948

Elizabeth C. Smith

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

N.Y.

County.....

Long Island

City or town.....

Hampton Bay

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 23, 1948, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X X 19..... to X X 19.....

and that I last saw h..... alive on X X 19.....

Immediate cause of death

Coronary Occlusion

DURATION

3 hrs.

Due to X X

Due to X X

Other conditions X X

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?.....

23. SIGNATURE

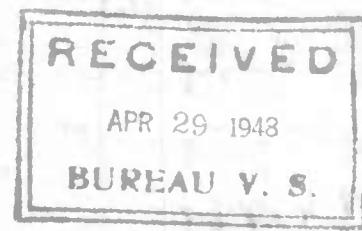
M. D. or other

Address.....

Cambridge, Md.

Date signed.....

Apr. 23, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

03810

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:

County DorchesterCity or town Vienna - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? lifeHospital, institution, or street address where death occurred: Dear Birds Grove

How long in hospital or institution?

3. (a) FULL NAME

Bertha J. Anderson

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

James Anderson

7. Birth date of deceased (mo. day, yr.)

March 10, 1978

6. (c) If alive, give age

years

8. AGE:

Years
70Months
0Days
28

If less than one day

hrs. min.

9. Birthplace

Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name

John T. Henry

13. Birthplace

Dorchester County, Maryland

14. Maiden name

Annie E. Ballard

15. Birthplace

Dorchester County, Maryland

16. Informant

Mrs. Miller Baltimore

Address

Vienna, Maryland, P.T.O.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 13, 1948

(month) (day) (year)

Cemetery or crematory

Vienna Cemetery

Location

Vienna, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalsburg, Maryland

19. April 13, 1948

(Date rec'd by registrar)

Elizabeth G. Graft

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty DorchesterCity or town Vienna - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Dear Birds Grove

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 8

1948

at 12:40 A.M.

21. CERTIFY that death occurred on the date above stated: that I attended deceased from

February

1948

to

April

1948

and that I last saw her alive on April 8

1948

Immediate cause of death

Coronary occlusion

DURATION

1/2

Hour

Due to Chronic Myocarditis 1 yr +Due to General arteriosclerosis 1 yr +

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

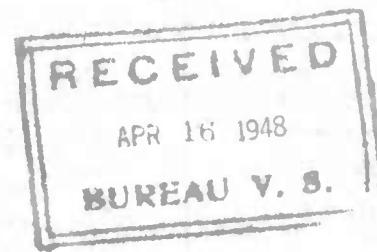
Injured at work?

23. SIGNATURE

W. C. Garrison MD

M. D. or other

Address Surlock, Md Date signed April 13, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03811

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... RochesterCity or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Leo J. Arine4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Cecil Jones Arine7. Birth date of deceased (mo., day, yr.) Feb 21 1918 6. (c) If alive, give age 37 years8. AGE: Years 37 Months 2 Days 3 If less than 60 day hrs. min.9. Birthplace Cambridge, Md

(Town, county, and state)

10. Usual occupation Grocery Store Operator11. Industry or business John J. Arine12. Name John J. Arine13. Birthplace Virginia14. Maiden name Eliza Stoker15. Birthplace Smith16. Informant Mr. Cecil ArineAddress Brookhaven Ave.17. Burial Date thereof Apr 27-1948(Burial, cremation, or removal. Which) Burial (month) (day) (year)Cemetery or cemetery East End MarketLocation East End Market, Md18. Funeral director Kenneth R. StowersAddress Cambridge, Md19. 4-26-48 John M. Arine, M.D. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County RochesterCity or town..... Cambridge (If outside city or town limits, write RURAL and give nearest town)Street No. Brookhaven Ave. (If rural, give LOCATION)2.(a) If veteran, name war no

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH April 24 1948 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

..... 19..... to 19.....

and that I last saw him alive on 19.....

Immediate cause of death

Disease of Coronary ArteriesDue to oldDue to old

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

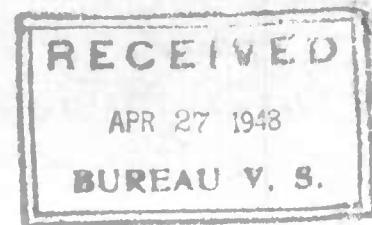
Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joe H. Shriver, D.O. M.D. Exam. M. D. or otherAddress Cambridge, Md Date signed April 27-1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03812

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....

City or town.....

Dorchester
Church Creek R. S. S.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

entire life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white wedowed
See. W. Birmingham

6. (b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)

6. (c) If alive, give age..... years

Jan 31 - 1861

8. AGE:

Years

Months

Days

If less than one day

87

2

n

hrs. min.

9. Birthplace.....

Golden Field, Md.

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

MOTHER FATHER

12. Name.....

John R. Riggins

13. Birthplace.....

Dor Co.

14. Maiden name.....

Sarah Brohawn

15. Birthplace.....

Dor Co.

16. Informant.....

Nelson Birmingham

Address

Church Creek, Md.

17. Burial

(Burial, cremation, or removal Which?)

Date thereof..... 4-29-48

(month) (day) (year)

Cemetery

St. George's Cemetery

Location

Golden Field, Md.

18. Funeral director

Kenneth R. Stevens

Address

Cambridge, Md.

19. (Date rec'd by registrar)

4-29-48

John May Jr.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Dorchester

City or town.....

Church Creek R. S. S.

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

rural

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 27 - 1948 at 10:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.....

10.....

19.....

and that I last saw h..... alive on

Immediate cause of death.....

Cerebral Myocarditis

DURATION

8-10 yrs

Due to.....

Arterio-sclerosis

8-10 yrs

Due to.....

Other conditions.....

10-15 yrs

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE

M. D. or other

Address.....

Cambridge - Md. Date signed Apr. 29/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03813

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....

Dorchester

City or town.....

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 weeks

Hospital, institution, or street address where death occurred:

Rowan St

How long in hospital or institution?.....

3. (a) FULL NAME

Bessie Campeer

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Cal Malvild
Ettie Campeer

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) May 11 1894

6. (c) If alive, give age 45 years

8. AGE: Years 53 Months 10 Days 11 hrs. min.

9. Birthplace..... Cambridge md

10. Usual occupation..... Labour

11. Industry or business..... man

12. Name..... Edward Campeer

13. Birthplace..... md

14. Maiden name..... Anna Linton

15. Birthplace..... md

16. Informant..... William Campeer

Address..... Cambridge md

17. Burial, cremation, or removal, Which? Bethel April 13/48

Date thereof (month) (day) (year)

Cemetery or crematory..... Cambridge md

Location..... Cambridge md

18. Funeral director..... Lewis H. Payne or

Address..... Cambridge md

19. (Date rec'd by registrar) 4-13-48 John D. Murphy

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Dorchester

City or town..... Cambridge (If outside city or town limits, write RURAL and give nearest town)

Street No..... Robbins Street (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 15, 1948 at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1, 1948 to April 15, 1948 and that I last saw her alive on April 15, 1948.

Immediate cause of death..... Severe Pneumonia

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of Injury.....

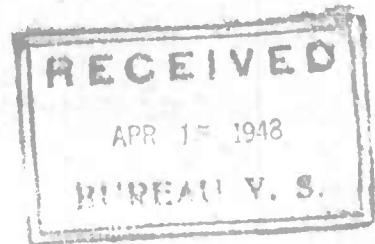
Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... 300 Main Cambridge Date signed..... April 13-48





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03814

CERTIFICATE OF DEATH

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Dorchester

City or town Hurlock - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 months

Hospital, Institution, or street address where death occurred:

Main Street

How long in hospital or institution?

3. (a) FULL NAME

Susie E. Collins

4. Sex

Female

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Charles Richard Collins

7. Birth date of deceased (mo., day, yr.)

June 9, 1879

6. (c) If alive, give age _____ years

8. AGE:

Years 68

Months 9

Days 24

If less than one day

hrs. min.

9. Birthplace

Hurlock, Dorchester County, Maryland

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Home

MOTHER FATHER

12. Name Samuel J. Boyce

13. Birthplace Dorchester County, Maryland

14. Maiden name Harriett Hubbard

15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Lydia Stanley

Address Hurlock, Maryland, P.T.D.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 6, 1948

(month) (day) (year)

Cemetery or crematory Federal Hill Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Fraughton and Son

Address Federalsburg, Maryland

19. April 6, 1948
(Date rec'd by registrar)Health Factors
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg

(If outside city or town limits, write RURAL and give nearest town)

Street No. Seaton Road

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 3

1948

at 9:05 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1947 to April 3, 1948

and that I last saw her alive on April 1, 1948

Immediate cause of death

Starvation

Due to Refusal to eat

Due to Cerebral

edema

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town) (County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

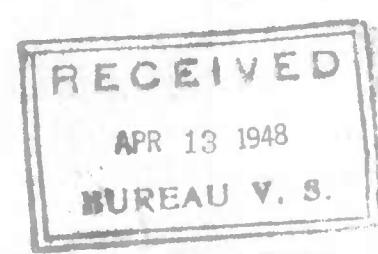
Injured at work?

23. SIGNATURE

W.C. Harrison MD

M. D. or other

Address Hurlock Md. Date signed 4/5/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03815

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH: **Dorchester**
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **1 day**
 Hospital, institution, or street address where death occurred: **Holiness Church, East NewMarket**
 How long in hospital or institution? **X**

138
 2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... **Maryland** County..... **Dorchester**
 City or town..... **Hurlock**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **X**
 (If rural, give LOCATION)
 2.(a) If veteran, name war **No**

3. (a) FULL NAME
Edward Allen Conway

3. (b) Social Security Number
218-20-4677

4. Sex **male** 5. Color or race **colored** 6.(a) Single, married, widowed, or divorced **married**

6.(b) Name of husband or wife **Rosa Lilly Stacy**

7. Birth date of deceased (mo., day, yr.) **Sept. 8, 1926** 6.(c) If alive, give age **23** years

8. AGE: Years **21** Months **6** Days **29** If less than one day **hrs. min.**

9. Birthplace **Dorchester Co.** (Town, county, and state) **Md.**

10. Usual occupation **Laborer**

11. Industry or business **General**

12. Name **Percy Hopkins**

13. Birthplace **Maryland**

14. Maiden name **Hattie E. Conway**

15. Birthplace **Maryland**

16. Informant **Rosa Lilly Conway**

Address **Hurlock, Md.**

17. Burial Date thereof **April 12, 1948**
 (Burial, cremation, or removal. Which?) **(month) (day) (year)**

Cemetery or crematory **Thompsonstown Cemetery**

Location **Near East New Market, Md.**

18. Funeral director **J. J. Frampton and Son**

Address **Federalsburg, Maryland**

19. **April 10, 1948** **Elizabeth Clinton**
 (Date rec'd by registrar) **Registrar**

MEDICAL CERTIFICATION

20. DATE OF DEATH **April 7, 1948** at **9-45 P.M.**

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

X X 19. to **X X** 19.

and that I last saw h **alive** on **X X** 19.

Immediate cause of death **Hemoptysis** DURATION **1/2 hr.**

Due to **Tuberculosis, Pulmonary** 4 mo.

Due to **Pneumonia** about 4 mos. ago

Other conditions **X**

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

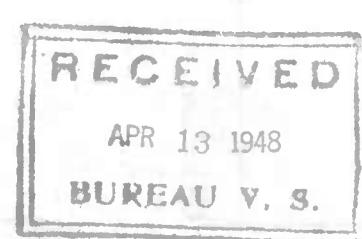
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE **J. H. Shire, D. M. D. Exam.** M. D. or other

Address **Cambridge, Md.** Date signed **Apr. 8/48**



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03816

CERTIFICATE OF DEATH

Reg. Dist. No. 116

97

1. PLACE OF DEATH:

Dorchester

County

rural near Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? one month, one day

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? one month, one day

3. (a) FULL NAME

James Martin Corkran

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

married

6. (b) Name of husband or wife Bertie Hastings

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.)

June 6, 1877

8. AGE:

Years
70Months
10Days
11

If less than one day

hrs.

min.

9. Birthplace Brookview, Dorchester County, Md.

(Town, county, and state)

10. Usual occupation State Road Inspector

11. Industry or business

12. Name John Corkran

13. Birthplace Caroline County, Maryland

14. Maiden name Mary Elizabeth Rhodes

15. Birthplace Dorchester County, Maryland

16. Informant Eastern Shore State Hospital records

Address Cambridge, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 19, 1948
(month) (day) (year)

Cemetery or crematory

Eldorado Cemetery

Location

Eldorado, Maryland

18. Funeral director

J. J. Frampton and Son

Address

Federalsburg, Maryland

19. 4-19-1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Rhodesdale

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17

1948, at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 17, 1948, to April 17, 1948

and that I last saw him alive on April 15, 1948

Immediate cause of death

Arteriosclerosis

DURATION

4 yrs.

Due to

Due to

Other conditions Psychosis with cerebral
arteriosclerosis

4 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

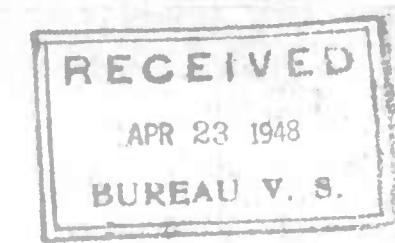
Robert Bertrand May, M.D.

23. SIGNATURE

Robert Bertrand May, M.D.

Eastern Shore State Hospital

Address Cambridge, Maryland Date signed 4-17-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 116

038175

CERTIFICATE OF DEATH

93d

1. PLACE OF DEATH:
County **Dorchester**
City or town **Rural-Fishing Creek**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **42 Years**
Hospital, Institution, or street address where death occurred:
Home-Fishing Creek
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State **Maryland** County **Dorchester**
City or town **Rural-Fishing Creek**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **Fishing Creek**
(If rural, give LOCATION)

3. (a) FULL NAME

Susie Agnes Wilson Creighton

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed
6. (b) Name of husband or wife William H. Creighton		
(Died 3/4/1943)		
6. (c) If alive, give age years		
7. Birth date of deceased (mo. day. yr.) Sept. 22, 1871		
8. AGE: Years Months Days If less than one day		
76 6 24 hrs. min.		

9. Birthplace **Golden Hill, Dor. Co., Md.**
(Town, county, and state)

10. Usual occupation. - - - - -
11. Industry or business - - - - -
12. Name **George A. Wilson**
13. Birthplace **Maryland**

14. Maiden name **Elizabeth Phillips**
15. Birthplace **Maryland**

16. Informant **Mrs. Helen F. Adams**
Address **Fishing Creek, Maryland**

17. Burial Date thereof **April 19, 1948**
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **St. Mary's Cemetery**
Location **Golden Hill, Dor. Co., Md.**

18. Funeral director **LeCompte's Funeral Service**
Address **Cambridge, Maryland**

19. **Apr. 17 1948** **James Meade M.D.**
(Date rec'd by registrar) **James Meade** **Local Registrar**

MEDICAL CERTIFICATION

20. DATE OF DEATH **April 16, 1948** at **4:05 P.M.**

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from **Apr. 12** to **Apr. 16** 1948
and that I last saw her alive on **April 16** 1948

Immediate cause of death **Chronic myocarditis 10 years**
Due to **Sensibility (principal cause)**

Due to **decompensation**
Other conditions **decompensation** **x-ray**

(Include pregnancy within 3 months of death)

Major findings or operations **x** **Date of op.**

Autopsy results **x**

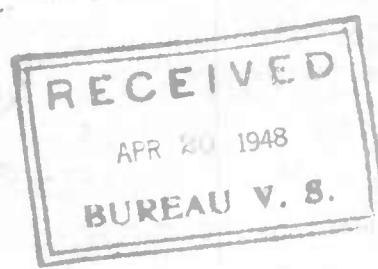
PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide **x** **Date of**

Where did injury occur? **x** **City or town** **x** **County** **x** **(State)**

Injured at home, farm, industry, public place (where?)

Means of injury **x** **Injured at work?**23. SIGNATURE **James Meade M.D.** **M.D. or other**Address **Fishing Creek, Md.** Date signed **4/17/48**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03818

83a

116

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Dorchester

County

Cambridge

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

81 Washington St.

How long in hospital or institution?

3. (a) FULL NAME

Emma Ennals

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

Negro

married

6.(b) Name of husband or wife

Arthur Ennals

7. Birth date of deceased (mo., day, yr.)

June 30

6.(c) If alive, give age

56

years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Linkwood

(Town, county, and state)

10. Usual occupation

Labor

none

11. Industry or business

John Hollis

MOTHER FATHER

12. Name

Maryland

13. Birthplace

Harriet Jones

14. Maiden name

Maryland

15. Birthplace

Maggie Ennals

16. Informant

Bethel

Address

Cambridge

17. Cemetery or crematory

Cambridge

Location

Cambridge

18. Funeral director

Lemuel Bangs Jr.

Address

201 Washington

19. (Date rec'd by registrar)

4-29-48

Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

81 Washington Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 26

19 48 a 6:45a

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 5

19 48 to April 26 19 48

and that I last saw her alive on April 25 19 48

Immediate cause of death Cerebral hemorrhage

DURATION

Due to Essential hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Edwin Fassell

M. D. or other

Address Cambridge, Md. Date signed 4-28-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

CERTIFICATE OF DEATH

Reg. Dist. No. 136

65819

1. PLACE OF DEATH: Dorchester
 County: Cambridge
 City or town: (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 22 years
 Hospital, institution, or street address where death occurred: _____
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Maryland County: Dorchester
 City or town: Cambridge (If outside city or town limits, write RURAL and give nearest town)
 Street No.: 121 West End Ave (If rural, give LOCATION)

2.(a) If veteran, name war: _____

3. (a) FULL NAME Berdye Johnson Evans

3. (b) Social Security Number _____

4. Sex: Female 5. Color or race: white 6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: L. Raymond Evans

7. Birth date of deceased (mo., day, yr.): June 2 - 1889 6.(c) If alive, give age: years

8. AGE: 58 Years 10 Months 17 Days If less than one day: hrs. min.

9. Birthplace: Lakesville (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Samuel T. Johnson

MOTHER FATHER 12. Name: Samuel T. Johnson

13. Birthplace: Nor Co.

14. Maiden name: Ida J. Wooten

15. Birthplace: Nor Co.

16. Informant: L. Raymond Evans

Address: Cambridge, Md.

17. Burial: Burial Date thereof: Apr 21-1948 (month) (day) (year)

Cemetery or crematory: East New Market

Location: East New Market Md.

18. Funeral director: Kenneth R. Thomas

Address: Cambridge, Md.

19. 4-21-1948 (Date rec'd by registrar) John M. Evans (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19 1948 at 9:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 4/19 1948 to 4/19 1948 and that I last saw her alive on 4/19 1948.Immediate cause of death: LEFT CEREBRAL HEMORRHAGE DURATION 4 hrsDue to: ESSENTIAL HYPERTENSION

Due to: _____

Other conditions: ALLERGIC ECZEMA - CHRONIC PANCREATITIS (Include pregnancy within 3 months of death)

Major findings of operations: _____ Date of op.: _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO

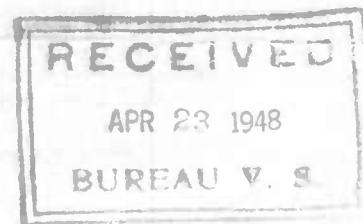
Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury: _____ Injured at work? _____

23. SIGNATURE: H. J. Jacobs M. D. or other _____ Date signed: 4/20/48Address: Cambridge, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

038211/16

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 yrs., 2 mo., 13 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 7 yrs., 2 mo., 13 days

3. (a) FULL NAME

Millard Fillmore Fisher

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widowed

6.(b) Name of husband or wife unknown

6.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) October 1856 (date unknown)

8. AGE: Years	Months	Days	If less than one day
91	5	?	hrs. min.

9. Birthplace Washington, D.C. (Town, county, and state)

10. Usual occupation Optometrist

11. Industry or business

12. Name	James Fisher
13. Birthplace	Tilghman's Island, Md.

14. Maiden name	Margaret Elizabeth Crier
-----------------	--------------------------

15. Birthplace	Maryland
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16. Informant Eastern Shore State Hospital Records

Address Cambridge, Maryland

17. Burial Burial Date thereof 4-7-1948
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Cambridge

Location Cambridge, Md.

18. Funeral director Kenneth R. Thomas

Address Cambridge, Md.

19. April 7, 1948 John MacA. M.D.

(Date read by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Berlin (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1948 at 1:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 23 1948 to April 5 1948 and that I last saw him alive on April 5 1948.

Immediate cause of death

Arteriosclerotic cardiovascular disease

DURATION

4 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Grace M. Branscombe, M.D. M. D. or other
Address E.S.S.H. Cambridge, Md. Date signed 4/5/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03821

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

all her life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

4 hours

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed or divorced

Kay Frances Foster
female Cuban Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day. yr.)

6. (c) If alive, give age

years

12 3 1936

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace (Town, county, and state)

10. Usual occupation

11. Industry or business

none

Edward Foster

12. Name of mother

Cambridge and

13. Birthplace Cambridge and

14. Maiden name Mala D. Foster

15. Birthplace Cambridge and

16. Informant Mala Foster

Address 206 Pine St Cambridge

17. Cemetery or crematory Cemetery

Location Cambridge and

18. Funeral director Lewis H. Chapman

Address 201 Washington

19. Date rec'd by registrar 4-10-48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 8 1948 at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 7 1948 to April 8 1948

and that I last saw her alive on April 7 1948

Immediate cause of death

Tetanus

DURATION

3 days

Due to pneumonia with septic foot

12 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Meane of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED

APR 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03822

94a

CERTIFICATE OF DEATH

116

Reg. Dist. No.

1. PLACE OF DEATH:
County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

55 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Cambridge Maryland Hospital

How long in hospital or institution?

5 Days

3. (a) FULL NAME

Gertrude Johnson Harrington

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife Gov. Emerson C. Harrington
(Died 12/15/1945)

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

July 12, 1874

8. AGE:

Years

Months

Days

If less than one day

73

8

26

hrs.

min.

9. Birthplace Golden Hill, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name William T. Johnson

13. Birthplace Maryland

14. Maiden name Mariah Woodland

15. Birthplace Maryland

16. Informant Mr. Emerson C. Harrington, Jr.

Address Cambridge, Maryland

17. Burial

Date thereof April 10, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory Christ Church Cemetery

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. *4-10-1948* John Doe, M.D.
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 135 Mill St.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

April 8, 1948 at 5:55 P.M.

20. DATE OF DEATH

14 FEB 1947 to 8 APRIL 1948

and that I last saw her alive on 8 APRIL 1948

Immediate cause of death CORONARY

THROMBOSIS

DURATION

Due to

Due to

HYPERTENSION

CORONARY SCLEROSIS

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

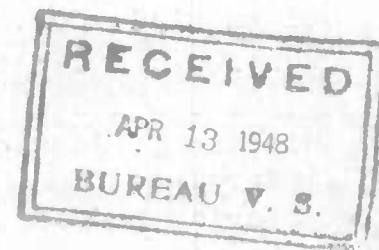
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address 103 Church St.
CAMBRIDGE, MD. Date signed 10 April



Evidence for change of

age shown on:

THM NO. G 11 MAY 11 1948 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03823

Reg. Dist. No. 115

1. PLACE OF DEATH:

County

DORCHESTER.

City or town

CAMBRIDGE

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

12 Hours

Hospital, Institution, or street address where death occurred:

CAMBRIDGE MARYLAND HOSPITAL

How long in hospital or institution?

3. (a) FULL NAME

MARY STANLEY

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FEMALE

BLACK

MARRIED

6. (b) Name of husband or wife

GUY HUGHES

6. (c) If alive, give age 53 years

7. Birth date of deceased (mo. day, yr.)

OCTOBER 7. 1901

8. AGE:

Years

Months

Days

If less than one day

46 #7

6

22

hrs.

min.

9. Birthplace

(Town, county, and state)

GOLDEN HILL MARYLAND

10. Usual occupation

LABORER.

11. Industry or business

MOTHER FATHER

12. Name

WILLIAM STANLEY

LAKESVILLE, MD.

13. Birthplace

MARY CORNISH

14. Maiden name

TAYLORS ISLAND MD

15. Birthplace

CATHERINE ROWLEY

16. Informant

CATHERINE ROWLEY

Address

CAMBRIDGE MD

17. BURIAL

Date thereof

MAY 2 1948

(Burial, cremation, or removal. Which?)

GOLDEN HILL.

Cemetery or crematory

CHURCH CREEK MD.

18. Funeral director

LEWIS H. BAYNEUM.

Address

CAMBRIDGE MD

19. (Date rec'd by Registrar)

May 2 1948

John May Jr. M.D.

Registrar

23. SIGNATURE

W. J. Banks

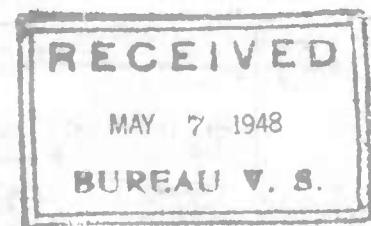
Address

CAMBRIDGE MD

M. D. or other

5/1/48

Date signed



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03824

CERTIFICATE OF DEATH

116

Reg. Dist. No.

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
423 Hughlett St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 423 Hughlett St.
(If rural, give LOCATION)
2.(a) If veteran, name war. - - - - -

3. (a) FULL NAME

Dwight L. Hurley

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Adella Gray Todd

7. Birth date of deceased (mo., day, yr.) April 8, 1878 6.(c) If alive, give age years

8. AGE: Years 69 Months 11 Days 23 If less than one day hrs. min.

9. Birthplace Drawbridge, Dor. Co., Maryland.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Retired

12. Name Joshua Hurley

13. Birthplace Marylnd

14. Maiden name Martha (Hurley)

15. Birthplace Maryland

16. Informant Mr. Joshua Hurley

Address Cambridge, Maryland

17. Burial Date thereof April 4, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory East New Market Cemetery

Location East New Market, Maryland

18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland

19. April 4, 1948 John John John
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1, 1948 at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4/1/1948 to 4/1/1948
and that I last saw him alive on 4/1/1948

Immediate cause of death

Coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

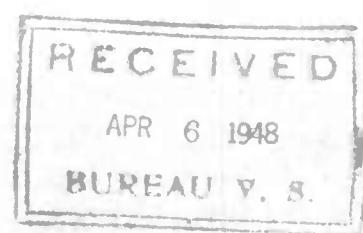
Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of noneWhere did injury occur? none (City or town) none (County) none (State) noneInjured at home, farm, industry, public place (where?) noneMeans of injury none Injured at work? none23. SIGNATURE John SteeleM. D. John SteeleAddress Cambridge Md. Date signed none



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d
03825

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County..... Dorchester

City or town..... Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 10 days

3. (a) FULL NAME

William T. Layfield

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife.....

Lula Taylor

6. (c) If alive, give age..... years

7. Birth date of deceased (mo. day, yr.)

October 12 1879

8. AGE:

Years

Months

Days

If less than one day

70

6

2

hrs.

min.

9. Birthplace.....

Green Hill Wicomico Cy. Md.

(Town, county, and state)

10. Usual occupation.....

Shipping clerk

11. Industry or business

MOTHER

FATHER

12. Name.....

William T. Layfield

13. Birthplace

Wicomico County Maryland

14. Maiden name.....

Mary Taylor

15. Birthplace

Wicomico County Maryland

16. Informant.....

Hospital Records

Address

Cambridge, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof April 14-48

(month) (day) (year)

Cemetery or crematory.....

Parson Cemetery

Location.....

Salisbury, Md.

18. Funeral director.....

Wilson Funeral Home

Address

Salisbury Princess Anne, Md.

19. Date rec'd by registrar

4-14-

19

48 John M. M. M. D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Wicomico

City or town..... Salisbury Avenue

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 1209 Camden Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 14 1948 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

April 4 1948 to April 14 1948

and that I last saw him alive on April 14 1948

Immediate cause of death.....

Cerebral Arteriosclerosis

DURATION

more than

2 yrs.

Due to.....

Due to.....

Other conditions..... Chronic Myocarditis

Psychosis with Cerebral Arteriosclerosis 2 mos.

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

Grace M. Brascombe M.D. M. D. or other

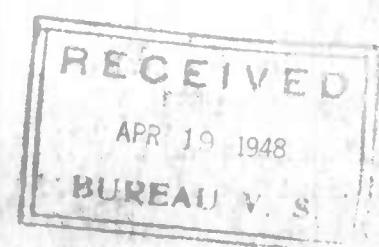
Address..... Cambridge Md. Date signed..... 4/14/48

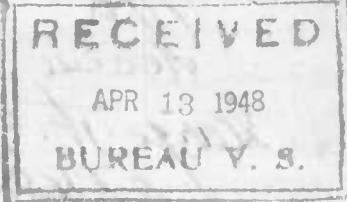
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Margin Reserved for Binding

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9-45-15M

VS-A15





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03827

CERTIFICATE OF DEATH

Reg. Dist. No. 116

M

1. PLACE OF DEATH:

County

City or town

Doro Shetter
Cambridge Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male Cor married

6. (b) Name of husband or wife

Dallie matthews

6. (c) If alive, give age: 63 years

7. Birth date of deceased (mo., day, yr.)

1871

8. AGE:

Years
76

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

North Carolina

10. Usual occupation

Laborer

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Burial

Address

Date thereof

(Burial, cremation, or removal. Which?)

Date thereof

(month)

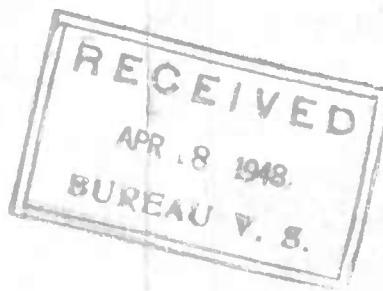
(day)

(year)

Cemetery

Location

Cemetery



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03828

115

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Golden Hill

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Home-Golden Hill

How long in hospital or institution?

3. (a) FULL NAME

Francis May Mills

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Oct. 15, 1941

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace (Town, county, and state)

Cambridge, Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name J. Wilson Mills

13. Birthplace Maryland

14. Maiden name Margaret Todd

15. Birthplace Maryland

16. Informant Mr. J. Wilson Mills

Address Golden Hill, Maryland 11,

17. Burial Date thereof April 22, 1948
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Todd Family Cemetery

Cemetery or crematory Location Toddville, Maryland

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland

19. April 11, 1948 Date rec'd by registrar

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Rural-Golden Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No. Golden Hill

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

April 9, 1948 at 6:15 P.M.

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2, 1948, to April 9, 1948

and that I last saw her alive on April 9, 1948

Immediate cause of death

Bronch. Pneumonia

DURATION

9 days

Due to Secondary 15 Grippe Cold

Due to

Other conditions ~~had a cold and epileptic since age 6 months~~ 6 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

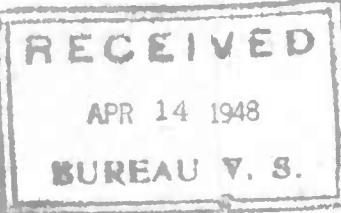
23. SIGNATURE

James W. Meade M.D.

M. D. or other

Address Cambridge, Maryland

Date signed April 10, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03829

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 110

1. PLACE OF DEATH

County

Baltimore
Secretary

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary J. P. Murphy

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed or divorced

Married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Sept 11 1877

6. (c) If alive, give age years

8. AGE: Years

70

Months

Days

If less than one day

hrs. min.

9. Birthplace

725d

(Town, county, and state)

10. Usual occupation

House Work

11. Industry or business

George W. Wheatley

FATHER

12. Name

George W. Wheatley

13. Birthplace

725d

MOTHER

14. Maiden name

Dorothy Cockren

15. Birthplace

725d

16. Informant

George W. Murphy

Address

Burial Cemetery

17. Burial, cremation, or removal (which?)

Date thereof. Oct 26 1948

(Month) (day) (year)

Cemetery or crematory

Cemetery

Location

East New Market

18. Funeral director

F. J. S. Willoughby

Address

East New Market

19. Date rec'd by registrar

April 26-1948

Date signed

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Wor

City or town

See residence

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 23 1948 at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 20 1948 to April 23 1948 1948

and that I last saw her alive on April 1 23 1948 1948

Immediate cause of death Hypertension

Arteriosclerosis Heart Disease

DURATION

107 days

Due to Cerebral Artery Sclerosis

4 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

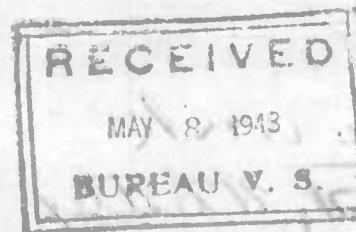
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE

M. D. or other

Address Puerto Rico Date signed 4/26/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1628
03830

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County.....

Dorchester

City or town.....

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

63 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Laura E. Robbins

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

Widowed

6. (b) Name of husband or wife

Samuel W. Robbins

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

July 4-1859

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Cambridge, R. I. S. D.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

George H. Thomas.

MOTHER

FATHER

12. Name

Hector Co. Md.

13. Birthplace

Adeline Seward

14. Maiden name

Hector Co. Md.

15. Birthplace

16. Informant

Address

Mrs. Wm. L. Dean, Esq.

Cambridge, Md.

17. Burial

Date thereof

April 16-48

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Cambridge

Location

Cambridge, Md.

18. Funeral director

Katherine R. Thomas

Address

Cambridge, Md.

19. (Date rec'd by registrar)

4-16-48

John Smith, M.D.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 106 Day

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Apr 14 1948 at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

31st - 1948 19 to 4/14 1948

and that I last saw h. alive on 4/14 1948

Immediate cause of death

Progressive small Cerebral

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

none

Date of op.

Autopsy results

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

no

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

-

Injured at work?

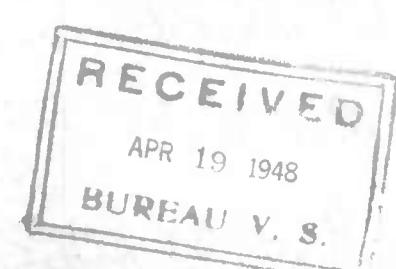
23. SIGNATURE

John Smith, M.D.

M. D. or other

Address Cambridge, Md.

Date signed 4/18-1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03831

CERTIFICATE OF DEATH

Reg. Dist. No. 116

M

I

C

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct size is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? All day

Hospital, institution, or street address where death occurred:

Cambridge Hospital

How long in hospital or institution? One day

3. (a) FULL NAME

Carroll M. St. Clair, M.D.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Colored Married

6. (b) Name of husband or wife Kathryn St. Clair

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 73 years

Nov. 12, 1898

8. AGE: Years Months Days If less than one day

79 4 - hrs. min.

9. Birthplace Cambridge, Md.

(Town, county, and state)

10. Usual occupation Doctor

11. Industry or business Doctor

12. Name Edward St. Clair

13. Birthplace Cambridge, Md.

14. Maiden name Mary E. Dennard

15. Birthplace Cambridge, Md.

16. Informant Mrs. Kathryn St. Clair

Address Cambridge, Md.

17. Burial Date thereof Apr. 6, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Baltimore

Location Md.

18. Funeral director James Stewart

Address Salisbury, Md.

19. April 1948 John Stewart

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 303 Main

(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

2D. DATE OF DEATH April 1 1948 at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 26 1948 to April 1 1948

and that I last saw him alive on April 1 1948

Immediate cause of death

Coronary Thromboses

acute

Due to Coronary insufficiency

142

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Cambridge, Md. Date signed April 1948



1 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03832

CERTIFICATE OF DEATH

131a
Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 Years

Hospital, Institution, or street address where death occurred:

RFD # 3

How long in hospital or institution? - - - - -

3. (a) FULL NAME

George Howard Spedden

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife Annie Margareit Spedden

65

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1876

6. (c) If alive, give age years

8. AGE: Years	Months	Days	If less than one day
71	6	5	hrs. min.

9. Birthplace RFD # 3, Cambridge, Dor. Co., Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Dirt

12. Name John Dixton Spedden

13. Birthplace Maryland

14. Maiden name Annie Applegarth

15. Birthplace Maryland

16. Informant Mrs. Annie M. Spedden

Address Cambridge, RFD # 5, Maryland

17. Burial Date thereof April 24, 1948
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Speddens Cemetery

Location James, Dor. Co., Maryland.

18. Funeral director LeCompte's Funeral Service

Address Cambridge, Maryland.

19. April 24, 1948 John MacP. M.D.
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Rural-Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. RFD # 3

(If rural, give LOCATION)

2.(a) If veteran, name war - - - - -

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22, 1948 at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/13/47 to 4/22/48.

and that I last saw him alive on 4/19/48.

Immediate cause of death Myocardial failure.

DURATION

Unknown

Due to Cerebral hemorrhage, uremia

Unknown

Due to Arterio sclerotic Nephritis

Unknown

Other conditions Arterio sclerotic heart disease

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

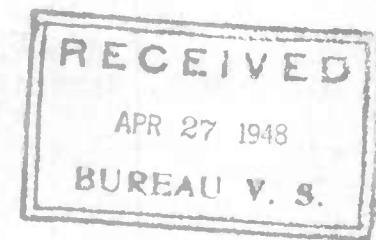
23. SIGNATURE Lawrence Maryanov, M.D.

M. D. or other

Address 136 Race Street

Date signed

4/23/48



Thompson
MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

03833

Reg. Dist. No. 116

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Morris Stafford

4. Sex

5. Color of race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

Mary 4/48

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Apr or May 1947

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation.

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

cremation

removal

Which?

Cemetery

Location

Address

18. Funeral director

Address

19. (Date rec'd by register)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

one

County

Dorchester

City or town

Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.

R. F. D.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 10 1948 a.m. 3 P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

April 10 1948 to April 10 1948

and that I last saw him alive on April 10 1948

Immediate cause of death

Meningitis, TB in type

Due to TB of brain base

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Meane of injury

Injured at work?

23. SIGNATURE

John Thompson M.D. or other

Address Cambridge, Md. Date signed April 13 1948

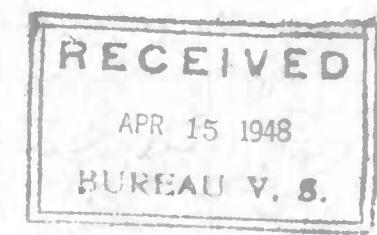
PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Incomplete or illegible answers are especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03834

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

Dorchester

County Cambridge

City or town (If outside city or town limits, write RURAL and give nearest town)

30 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

209 Choptank Ave.

How long in hospital or institution?

3. (a) FULL NAME

Peter H. Todd

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Bertha G. Parks

7. Birth date of deceased (mo., day, yr.)

Sept. 29, 1975

6. (c) If alive, give age years

63

8. AGE:

Years

Months

Days

If less than one day

72

7

0

hrs.

min.

9. Birthplace

Hollands Island, Dor. Co., Md.
(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

Seafood

MOTHER

John Todd

FATHER

Dorchester County, Md.

12. Name

Mary Parks

13. Birthplace

Dorchester County, Md.

14. Maiden name

Bertha P. Todd

15. Birthplace

Dorchester County, Md.

16. Informant

Mrs. Bertha P. Todd

17. Burial

Cambridge, Maryland.

(Burial, cremation, or removal. Which?)

Date thereof May 2, 1948
(month) (day) (year)

Cemetery or crematory

Greenlawn Cemetery

Location

Cambridge, Maryland

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19. Date rec'd by registrar

May 19, 1948

John M. Parks

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 209 Choptank Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1948, at 3:40 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

1946

47

to

48

and that I last saw h. 17 alive on

4/29

1948

Immediate cause of death

Carcinomatosis

DURATION

Due to Adenocarcinoma
Stomach

Due to

Large R+ irregular
Hernia

(Include pregnancy within 3 months of death)

Major findings of operations widespread Adenocarcinoma
Stomach Date of op. 2-12-48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: None

Accident, suicide, or homicide

Date of

Where did Injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

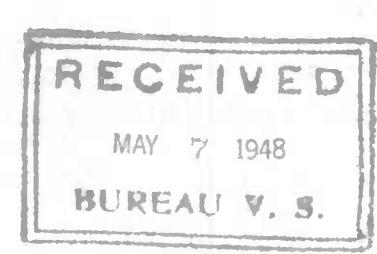
23. SIGNATURE

John M. Parks

M. D. or other

Address Cambridge Md

Date signed 5/1/48



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

03835

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:
Baltimore Church Celler

County: _____
City or town: _____ (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *5 month*

Hospital, Institution, or street address where death occurred:
died at home

How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: *Maryland* County: *Baltimore*
City or town: *Crown Creek* (If outside city or town limits, write RURAL and give nearest town)
Street No. *Near Paul Handley's Store*
(If rural, give LOCATION)

2.(a) If veteran, name war: _____

3. (a) FULL NAME: *Mabel May TRAVERS*

3. (b) Social Security Number: *220-12-1392*

4. Sex: *Female* 5. Color or race: *White* 6. (a) Single, married, widowed, or divorced: *Married*

6. (b) Name of husband or wife: *Herbert TRAVERS*

7. Birth date of deceased (mo., day, yr.): *Mar 24 1925* 6. (c) If alive, give age: *45* years

8. AGE: *23* Years *1* Months *0* Days If less than one day *hrs.* *min.*

9. Birthplace: *Golden Hill* (Town, county, and state) *Laurel*

10. Usual occupation: *none*

11. Industry or business: *Drug Store*

12. Name: *Florence Meehers*

13. Birthplace: *Maryland*

14. Maiden name: *Florence Meehers*

15. Birthplace: *Golden Hill*

16. Informant: *Florence Meehers*

Address: *1649 Carrollton Ave. #175*

17. Date thereof: *29 April 1948* (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory: *Golden Hill*

Location: *Golden Hill*

18. Funeral director: *Levin H. Hansen*

Address: *Cambridge, Md*

19. Date rec'd by registrar: *April 26 1948* James W. Meeks
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: *April 24 1948* at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *April 17 1948* to *April 24 1948* and that I last saw her alive on *April 23* 1948.

Immediate cause of death: *Subendocarditis of lungs*

DURATION: *6 days*

Due to: _____

Due to: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings of operations: _____ Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

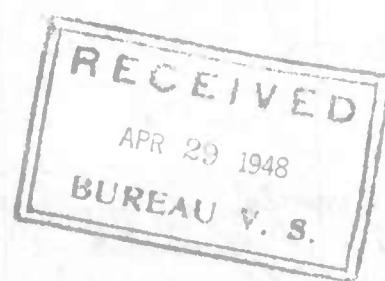
Accident, suicide, or homicide: _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE: *James W. Meeks, M.D.* M. D. or other _____
Address: *Cambridge, Md* Date signed: *4/25/48*





PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03836

116

Reg. Dist. No.

CERTIFICATE OF DEATH

1310

1. PLACE OF DEATH:

County Dorchester

City or town Rural-Crocheron

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? - - -

Hospital, institution, or street address where death occurred:

Home-Crocheron

How long in hospital or institution? - - -

3. (a) FULL NAME

Bessie E. Walter

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Theodore E. Walter

7. Birth date of deceased (mo., day, yr.)

Feb. 24, 1914

6.(c) If alive, give age

37

years

8. AGE:

Years
34Months
1Days
14If less than one day
hrs. min.

9. Birthplace

Crapo, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

William Bradford

MOTHER FATHER

Maryland

MOTHER

Ida Willey

FATHER

Maryland

14. Maiden name

William Bradford

MOTHER

Ida Willey

FATHER

Maryland

15. Birthplace

Maryland

MOTHER

Maryland

FATHER

16. Informant

Mr. Theodore Walter

Address

Crocheron, Dor. Co., Md.

17. Burial

Date thereof April 10, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Ebenezer Church Cemetery

Location

Crapo, Dor. Co., Md.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

4-10-48

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Rural-Crocheron

(If outside city or town limits, write RURAL and give nearest town)

Street No. Crocheron

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH April 8, 1948 at 5:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3-22-48 1948 to 3-22-1948

and that I last saw her alive on 3-22-1948

Immediate cause of death Uremia

DURATION

Unknown

Due to Glomerulo Nephritis, Acute

Unknown

Due to Arteriosclerotic Nephritis

Unknown

Other conditions Arteriosclerotic Heart

Disease

Unknown

(Include pregnancy within 8 months of death)

Major findings of operations No Operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide...

Date of

Where did injury occur? (City or town) (County) (State)

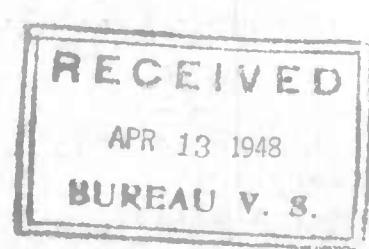
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Lawrence Maryanov, M.D.

Address 136 Race Street, Cambridge, Maryland Date signed 10-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03837

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:
 County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 34 yrs., 4 mo., 9 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 34 years, 4 mo., 9 days

3. (a) FULL NAME

Walter Dawson Warner

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) 1873 6. (c) If alive, give age years

8. AGE: Years 75 Months Days If less than one day hrs. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)

10. Usual occupation none

11. Industry or business

12. Name unknown

13. Birthplace

14. Maiden name unknown

15. Birthplace

16. Informant Eastern Shore State Hospital

Address Cambridge, Maryland

17. BURIAL (Burial, cremation, or removal, Which?) Date thereof 4/23/1948 (month) (day) (year)

Cemetery or crematory EASTERN SHORE HOSPITAL

Location CAMBRIDGE, MD.

18. Funeral director LE COMPTRE'S FUNERAL SER

Address CAMBRIDGE, MD.

19. 4-23-1948 John Mace Jr. (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Greensboro (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 1948, at 3:20 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1941, to April 21 1948, and that I last saw him alive on April 21 1948.

Immediate cause of death.

Myocardial degeneration

DURATION

Due to senility

Due to

Other conditions dementia praecox

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Grace M. Branscombe, M.D. M.D. or other
 Address E.S.S.A.H., Cambridge, Md. Date signed 4/21/48



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

546

03838

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, Institution, or street address where death occurred:

113 Phillips Ave.

How long in hospital or institution? -----

3. (a) FULL NAME

Patricia Gay Webster

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Oct. 14, 1945

8. AGE:

Years
2Months
4Days
27If less than one day
hrs. min.

9. Birthplace

Cambridge, Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

Leonard G. Webster

12. Name

13. Birthplace

Maryland

14. Maiden name

Mary Mace Brohawn

15. Birthplace

Maryland

16. Informant

Mr. Leonard G. Webster

Address

Cambridge, Maryland

17. Burial

Date thereof April 13, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Dorchester Memorial Park

Location

Cambridge, Maryland

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland

4-12-1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 113 Phillips Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 11, 1948 at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2/11/1948 to 4/11/1948

and that I last saw him alive on 4/11/1948

Immediate cause of death

Neoplasms
of Adrenal Gland

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Adrenal
Date of op. 3/11/48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

John M. Webster, M.D. or other

Address Cambridge, MD 21613 Date signed 4/12/1948



RECEIVED

APR 15 1948

PHILADELPHIA, PA.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Thompson
MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

03839

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. (a) FULL NAME

4. SEX

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

9. Birthplace (town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 2, 1948, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1, 1948, to April 2, 1948

and that I last saw him alive on April 1, 1948

Immediate cause of death

Congestive Heart Failure
+ pregnancy

Due to: Atroventricular C.R.D.

Due to: atrio-ventricular
generalized

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

/ (A Thompson M.D.)

M. D. or other

Address: Cambridge, Md. Date signed: Apr. 6, '48

Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct language. The correctness of the information is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03840

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs., 7 mos., 13 days

Hospital, institution, or street address where death occurred:

Eastern Shore State Hospital

How long in hospital or institution? 2 yrs., 7 mos., 13 days

3. (a) FULL NAME

Walter Edward Wynkoop

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	married

6. (b) Name of husband or wife Rebecca Lee Blades

6. (c) If alive, give age 32 years

7. Birth date of deceased (mo. day. yr.) February 15, 1916

8. AGE: Years	Months	Days	If less than one day
32	2	1	hrs. min.

9. Birthplace Vienna, Maryland
(Town, county, and state)

10. Usual occupation laborer

11. Industry or business

12. Name William Kay Wynkoop
13. Birthplace Wicomico County, Md.

14. Maiden name Sadie Blanche Davenport

15. Birthplace Vienna, Maryland

16. Informant Eastern Shore State Hospital Records.

Address Cambridge, Maryland

17. Burial Date thereof 4-18-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Burkards Memorial Park
Location Cambridge, Md.

18. Funeral director Kenneth R. Thomas
Address Cambridge, Md.

19. 4-18-48 John Doe, M.D.
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 105 Church Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 1948, 2:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 2 1945, to April 16 1948

and that I last saw h. im. alive on April 16 1948

Immediate cause of death

Bronchopneumonia

Due to

General Paresis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Grace M. Branscombe, M.D. or other
E.S.S.H. Cambridge, Md. Date signed 4/16/48
Address

RECEIVED
APR 23 1948
BUREAU V. S.